

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		25	01-14-99
FORMALITY REVIEW		11/557	1/22/99

INDEX OF CLAIMS

✓	.....	Rejected
=	.....	Allowed
—	(Through numeral)...	Canceled
⋮	.....	Restricted

N	.....	Non-elected
I	.....	Interference
A	.....	Appeal
O	.....	Objected

Claim		Date									
Final	Original	5 00	8 10	3 10	7 10	2 19	1 24	10 03	1 03	9 04	
1	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2	2	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4	3	✓	✓	✓	✓	✓	✓	✓	✓	✓	
7	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	
9	6										
10	7										
12	8										
13	9										
17	10										
11	11										
18	12										
19	13										
25	14										
26	15	✓		✓	✓	✓	✓	✓	✓	✓	
24	16	✓		✓	✓	✓	✓	✓	✓	✓	
27	17	✓		✓	✓	✓	✓	✓	✓	✓	
5	18	✓		✓	✓	✓	✓	✓	✓	✓	
28	19	✓		✓	✓	✓	✓	✓	✓	✓	
20	20	✓		✓	✓	✓	✓	✓	✓	✓	
21	21			✓	✓	✓	✓	✓	✓	✓	
22	22			✓	✓	✓	✓	✓	✓	✓	
23	23			✓	✓	✓	✓	✓	✓	✓	
24	24			✓	✓	✓	✓	✓	✓	✓	
25	25	✓		✓	✓	✓	✓	✓	✓	✓	
26	26	✓		✓	✓	✓	✓	✓	✓	✓	
27	27	✓		✓	✓	✓	✓	✓	✓	✓	
28	28	✓		✓	✓	✓	✓	✓	✓	✓	
29	29	✓		✓	✓	✓	✓	✓	✓	✓	
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44	44										
45	45					✓	✓	✓	✓	✓	
6	46					✓	✓	✓	✓	✓	
8	47					✓	✓	✓	✓	✓	
14	48					✓	✓	✓	✓	✓	
15	49					✓	✓	✓	✓	✓	
16	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Claim		Date					
Final	Original						
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Claim	Date
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**If more than 150 claims or 10 actions
staple additional sheet here**

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